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MISCELLANEOUS.

Medical Legislation A. D. 1895.

BY G. A. WALL, M.D., OF TOPEKA, KAS.

Read before the Kansas Medical Society, at Topeka, May 16, 1895.

The title of my paper as you will see later on covers a multitude of sins and their expose. The intent is to denounce only a few personally, and merely to show the regular profession of Kansas what was done by the committee, or better, some of the committee, for medical legislation during the last legislature and how it was defeated. I do not desire that any one shall feel that he has been unfairly dealt with, so I will avoid personal allusions, although I have good grounds to make them, and circumstantial evidence which would certainly criminate some prominent physicians in being instrumental in defeating the law. For the sake of harmony and good feeling I deem it best that no names be mentioned in this short story of a much abused medical bill, and ditto committee. I intend to avoid all reasons why a medical bill is needed because that ground has been gone over so often that it is now a tiresome story, but I expect to give as brief and full an account of the actions of the committee as possible, showing what obstacles were encountered and the abuse heaped upon the regular profession of Kansas by the various quacks and pathies.

As the representative of the regular profession on the Legislative Committee I can justly say, in the slang phraseology, "I had a picnic," and while we did not gain a medical law, I can assure you without hesition that I have been amply repaid for my pains by the vast amount of experience I gained as a lobbyist. In order that you may all see the amount of hard work that was done by the committee and that you may lay the blame for defeat where it justly belongs, I desire to start with the meeting of physicians held on May 15, 1894, in this city. As you know that on that date physicians of all schools met in Topeka to adopt a suitable medical bill. When we met our present Secretary of the State Board of Health had copies of the Illinois law printed and brought before the meeting. After a somewhat lengthy discussion this was the bill agreed upon by the body, subject to some changes, which were to be made, if necessary, by the Legislative Committee appointed by the Chairman (Dr. C. H. Guibor). This committee consisted of nine members, three from each school. After the meeting adjourned printed circulars were sent to all the physicians in Kansas, setting forth what was done at this meeting and earnestly requesting their hearty co-operation in support of the measure. We also asked for financial aid, but I am grieved to say the physicians did not have very great faith in our integrity, for the amount received did not permit of the committee indulging in any extravagant champagne supper. The amount received to aid medical legislation was $100.00, which was expended as follows: To Dr. Dykes, for postage, etc., $53.00; to D. W. Mulvane, attorney fees, $40.00; to *State Journal*, for printing, $7.00. It was now drawing close to the beginning of the legislature and the committee of nine was found too cumbersome, so in November a meeting was called and a subcommittee of three was appointed by the Chairman, Dr. Guibor, consisting of Dr. C. F. Menninger of the homeopathic school, the writer from

the regular and, last but not least, Dr. J. L. Furber of the eclectic, who at the May meeting was greatly in favor of stringent legislation and fought so vigorously for it before that body that many of us who had known him were greatly elated to think that he had reformed, but we found that it was only a trance from which he very soon recovered, as evidenced by his actions later on.

The bill was now in the hands of the subcommittee for final revision. We submitted it to legal advice and found that it would have been unconstitutional under our Constitution as adopted, while the same was not true in Illinois where the law is now in active operation. I desire to say that only such changes were made in the proposed bill by the attorney as would make it conform to our Constitution, and save it should the courts be called to pass upon it; the text remained exactly the same as the one adopted at the meeting. The bill was then submitted to Dr. C. F. Menninger for his approval, which he gave, but we did not consult Dr. Furber because he said the bill on the statute books was good enough for him—what a wondrous change of opinion! Later on the doctor changed his front again, as I will show by his connection with another meeting. During the week or ten days before the meeting of the legislature Dr. C. H. Guibor and myself spent many nights in Copeland County getting acquainted with the various members of the legislature and endeavoring to obtain as favorable a House Committee as possible. Through the kindness of Mr. Speaker Lobdell we were permitted to suggest the names of a number of gentlemen, any of whom would be agreeable to the physicians of Kansas. I desire to say here that Mr. Lobdell was heartily in favor of a good medical law. Shortly after the legislature convened the following gentlemen were named on the Committee of Hygiene and Public Health, viz: J. A. Campbell, Doniphan County, Chairman; Dr. Geo. W. Hallenbeak, (Rep.) Gray County; Dr. J. S. Halliday, (Rep.) Comanche County; Dr. Frank H. Smith, (Dem-Pop.) Sherman County; Geo. W. McKinney, (Pop.) Mitchell County; Alfred Pratt, (Rep.) Hamilton County; G. G. Cornell, (Rep.) Waubaunsee County. Before the committee was named Mr. Cornell was heartily in favor of a medical law, in fact said ours was not strong enough, but for some unknown reason he declined to sign the committee report and also voted against the bill on final passage. The Senate Committee being a standing one there was no change in the personnel from the previous session. Its members were: Dr. E. T. Metcalf, (Rep.) Chairman, Anderson County; D. McTaggart, (Rep.) Montgomery County; Levi Dumbald, (Pop.) Lyons County; A. E. True, (Pop.) Waubaunsee County; John Armstrong, (Pop.) Barton County. The majority of this committee, as you see, were Populists. We appeared before them once and then became thoroughly satisfied that our labors before them would be in vain. They would not listen to any argument, but insisted on saying, "Just put me down against the bill," claiming it was class legislation and the people did not ask for it. On February 4, 1895, a joint meeting of the Senate and House Committees was held in the Lieutenant Governor's room to hear all arguments for and against the bill, the medical profession at large was represented by Dr. C. H. Guibor and myself, other physicians having been invited but failed to come. The opposition, led by F. P. Baker and T. E. Bowman, consisted of Christian Scientists, Clairovyants, Spiritualists, Mind-healers, Vitopathists, (whatever they are); the Homeopathists represented by Dr. Eva Harding, and the Eclectics represented by the dignified and irrepressible Dr. Furber. It was before this meeting that the doctor had an amendment to the old law, which he desired and insisted should be adopted if any law was to be passed. His reasons therefor I fail to understand, because he did not fall within its scope. I was unable to obtain a copy of the amendment, but indistinctly remember the sense of same; it was somewhat as follows:

Be it enacted, etc.—Sec. 1. Whoever shall remove the ovaries of a young girl under 40 years of age shall, if found guilty, be fined in the sum of $500 and sentenced to

the penitentiary for fifty years.

Sec. 2. Whoever shall remove one or both testicles from a youth under 45 years of age, or any time before the menopause, shall, if found guilty, be fined in the sum of $1,000 and sentenced to the penitentiary for fifty years.

But the main argument of the evening against medical legislation was made by Bro. T. E. Bowman, who was selected by Bro. F. P. Baker as the organ of the opposition. He read a lengthy, well prepared and I may say very able address of its kind. It consisted mainly in denunciations and villifications of the regular school, classing them as drunkards, opium eaters and instigators of the liquor habit among the people. The medical bill he denounced as a trust, or an attempt to form a monopoly, by which we could rob the "dear people." Of course Mr. Bowman does not believe in monopolies, but I am sure that when the rate of interest is endangered he becomes greatly excited. I wonder if he thinks about the "dear people" when they are compelled to borrow? But, pardon me, I am transgressing. The most amusing part of this meeting was the forced union of the various pathies in their endeavor not to tread on one another's toes and still remain united in their villification of the regular school. The weight of their argument before the committee may best be judged by stating the fact that all the members of the Conference Committee present that night voted for the bill, thus refuting the statement that F. P. Baker defeated the bill. I am convinced that the bill met its defeat at the hands of a certain medicine company, whose headquarters are Keokuk, Iowa, assisted by pretended friends of the measure. This medicine company, known as the Baker Medicine Company, I believe, have been and are now selling medicine from wagons in Kansas. They objected itrenuously to Section 10, which related to stinerant vendors of drugs, nostrums, etc. They were well aware that the passage of that act would decrease their income many thousands of dollars per year. I am informed by an old schoolmate of Mr. Eugene Baker's that they started in some years ago on a small scale, but have become very wealthy. They stated to a gentleman in Topeka that they had forty wagons travelling in Kansas and would be willing to pay $75 per annum for each wagon, $3,000 per year—quite a good license you see. But the committee were under obligations to put that bill before the legislature without such a radical change, for in the bill the license was placed at $100 per month. After it was in the hands of the committee we could suggest such changes as we thought best. It was introduced in the House on this basis, but it was changed before it went before the Senate by parties to whom it was intrusted to be introduced. As soon as the bill was adopted at the May meeting this firm was notified of the fact by letter, and during the early days of the session a representative of that firm remained in Topeka at the Copeland Hotel, where it was possible to interview the members. I am also informed that a certain amount of money was demanded of him by parties (not members of the legisture) to defeat Section 10, and these were deeply interested in the adoption of the Illinois law, where this clause remains in force. I am likewise informed that members of the legislature were invited to visit a certain office to meet either Mr. Baker or his representative. This is hearsay, but subsequent events lead me to believe that they were true as they came to me through intimate friends of the bill. I am again informed that Mr. Baker thinks, since the legislature adjourned, that he was buncoed. As I said above subsequent events lead me to believe that these stories were not groundless, because when members of the legislature were approached regarding the bill, their first query was, "Does the bill shut out these medicine vendors who sell medicine from wagons throughout the state? If it does I am opposed to it." How solicitous these gentlemen were for the welfare of a firm who do not spend one cent of money in Kansas and on the other hand takes out thousands of dollars a year. How peculiar that these legislators so quickly picked out what was objectionable in the bill. Their attention may have been called to this sec-

tion by some agent of this medicine company. Even some of our prominent physicians in the state objected to this section and asked that it be cut out, in fact did modify it according to the wishes of this medicine company, and so introduced it in the Senate. Query: Why should any physician who had the good of the profession at heart desire that such vendors should still be permitted to sell their nostrums to the dear people of Kansas? It would seem to one that perhaps some very great moral suasion was used in their behalf. Be that as it may I leave this to your individual judgment and decision. From the change of side of some of the Populist senators it was evident that some force was at work to defeat the bill if Section 10 was left in. So after due consideration and for the welfare of the bill we decided to modify it so it would meet the approval of these opponents, who were all anxious, or appeared so, to shut out quack doctors, but would not consent to keeping out itinerant vendors. We changed Section 10 to read, "Any itinerant doctor who shall open up a transient office, etc., shall pay $100.00 per month, etc." We now supposed the bill would meet with no more antagonism, but we were sadly mistaken. The House committee made the change at our suggestion, but the Populist members of the Senate committee could not see their way clear to do so and killed the bill without consideration. We almost got down on our knees and implored them to at least report the bill back to the Senate and let it take its place on the calendar, but they would not do so. Dr. E. T. Metcalf, the Chairman, filed a protest against the majority report, and said protest appears on the Senate journal. We now saw that medical legislation was killed, but we desired to place the parties on record by their votes, so by hard work and constant attention we succeeded in getting the bill on final passage in the House on Saturday, March 2, 1895, by the following vote:

Ayes—Aker, Allen, Andrews, Barkley, Beekman, Bender, Benefield, Blair, Bone of Clark, Brown of Crawford, Butler, Caldwell, Campbell of Doniphan, Cannon, Chandler, Claycomb, Cox, Cubbison, Dennison, Dickson, Dix, Eckstein, Fitzgerald, Frazer, Funk, Gardenhire, Glenn, Grimes, Goodno, Halliday, Hanna, Hill, Hollenbeak, Hopkins, Johnson of Anderson, Kelly, Knipe, Lough, McCarthy, Marshall, Mathews, Meridith, Miller of Geary, Miller of Morris, Moore, Mower, Murphy, Painter, Powers, Price, Raemer, Robinson, Rohrbaugh, Satterthwaite, Schlyer, Seaton, Sheafor, Simons, Smith of Sherman, Spicknall, Stockbrand, Sutton, Thisler, Tucker, Lobdell.

Noes—Axelton, Baker, Barnett, Brown of Pratt, Bucklin, Byers, Campbell of Stafford, Conger, Cornell, DeWitt, Duffy, Forsythe, Hart, Heminger, Hilton, Ingle, Johnson of Nemeha, Lambert of Lyons, Lupfer, McKnight, Metzler, Moss, Mott, Nighswonger, Pancake, Rothweiler, Sherman, Shouse, Smith of Ottawa, Tucker, Veale, Vilotte, VanGaasbeck, Winters, Wright, Zimmerman.

In this connection I desire to call the attention of the profession to the Hon. F. M. Benefiel of Montgomery. At my request he took our bill and championed it, thereby making it possible to at least get a vote on it. Had it not been for his tireless and ceaseless efforts the bill would have died in its infancy, as it was it only lived to middle age. Other members who deserve great credit are Hallenbeak, Hanna, Campbell and Smith, and to them do we owe allegiance. There were a few surprises on the vote, but not many. Mostly all the Representatives who promised to vote for the bill did so. I am pained to say that we were not able to control the votes of two of our Shawnee County Representatives, both Mr. Veale and Mr. Sherman voting against it after saying they would not. Mr. Veale's reason for so doing was because some of the prominent physicians asked him to vote against it. These gentlemen's names were given me but I do not desire to give them publicity, although these parties are prominent members of this Society and of the profession. Their reason could only have been prejudice because parties were working for the bill with whom they were

not friendly. Sooner than think that some one whom they disliked might possibly get some credit should the bill pass, they choose to kill it. Just think of broad-minded men stooping to such tricks to defeat their supposed enemies—thus defeating the wishes of every reputable physician in Kansas!

After the passage of the bill in the House it was at once messaged to the Senate. Under the rules a bill to go on third reading without taking its regular course requires unanimous consent. When this was asked for by Dr. E. T. Metcalf, Senator Cooke (Pop.) objected, and we then felt that it would die on the calendar, but later Senator Metcalf made another attempt and succeeded in having it placed on third reading. When the bill was called Senator Householder moved that it be stricken from the calendar, which motion prevailed. All the Populists, except Senator True, voting for it and the Republicans and Democrats against the motion. To Senator Metcalf is due the entire credit of getting the bill to a vote in the Senate, and had it not been for either the narrow-mindedness or other reasons of the Populist majority the bill would at least have been treated fairly, by its being read and discussed and killed on its merits or demerits. But notwithstanding the earnest, imploring and eloquent appeal of Dr. Metcalf to the Senate to at least read the bill and see what important changes had been made, they refused to do so. They had not forgotten the promises made early in the season. It was said by a physician before the State Board of Health that the reason the physicians did not take any interest in the bill was because they were not invited. I am sure this gentleman spoke for himself and not for the physicians collectively. I desire to say in reply to that misstatement that they were all invited as the gentleman will learn if he will kindly look up the circular letter sent out to all the physicians last May. There also appeared in THE KANSAS MEDICAL JOURNAL, January 26, 1895, the following on page 49: "We desire to call the attention of physicians interested in medical legislation that the bill now needs their attention and hearty support or it may meet with defeat." This was written by myself, and again a prejudiced and malicious falsehood is nailed.

Had not Dr. Guibor, Dr. Ward, myself and one or two others interested ourselves, even neglecting business to do so, the bill would have died in committee, and all the thanks we have gotten is abuse. So ends the story of a medical bill for which so much hard work was done by its friends and a proportionate amount by its enemies, but I am constrained to remark that in closing that it was murdered in the house of its friends. I trust I have given as true a history of the work of some of the committee as memory permits. I have refrained from personalities, although strongly tempted not to do so, for the sake of harmony and to prevent an uncharitable feeling toward myself by some who are too prone to jump at false conclusions as to the intent of this paper. I would like very much to have named the moral cowards who pretended to me that they were very anxious to have a medical law, but who used the stiletto with the vengeance of a Mexican bandit, who you all know never faces his victims but stabs them in the back.

IN cholera infantum Dr. Gustavus Bleck recommends washing out the stomach with a solution of hydrozone, a tablespoonful to a pint of water. He also irrigates the bowels with water containing 2 ounces of hydrozone to the quart. The improvement after the first or second irrigation is marked. He gives morphine and strychnine hypodermically, with alcohol sponging, for high temperature. This treatment and a very light diet he considers all that is necessary.

WE have received from Frederick Stearns & Co. two fresh African kola nuts, a red and a white one. They are quite fresh and soft and we have planted them. Stearns & Co. will be pleased to send to any physician writing them a sample of these nuts.

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COLLABORATORS:

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Topeka, Kansas, Saturday, June 1, 1895.

Medical Colleges.

A great deal has been said of late years about the number of medical colleges in the country, and as much has been said as seemed possible to discourage the founding of new institutions. The advancement of medical education during the past decade has been so rapid that the conditions are entirely different from those existing a few years ago. When only two years were required for a complete medical education, a few didactic lectures constituted the whole work. Laboratory instruction and clinical teaching was either optional or by special classes under a tutor. Under such conditions a lecturer might naturally feel competent to instruct as many students as might come within range of his voice. But this is a practical age. The length of the term of instruction has increased from two to four years; the amount of instruction required has been enormously increased, and to the old plan of didactic lectures has been added laboratory work in nearly every branch of the science, and no student can hope to graduate who has not had a large amount of clinical work.

Students as well as professors have appreciated these changed conditions. They no longer seek the larger schools but wisely see the advantage to be gained in the smaller classes and more directly personal teaching of the smaller colleges. Many of the faculties, appreciating the importance of these things, have limited their classes to a comfortable working number. If the total number of medical students were divided by the number of colleges the proportionate number would then be considerably too large for the most careful work and the best results. Certainly we cannot hope to reach this point of equal division, for a great many are attracted by the large hospitals and the great variety of clinics, and it is true that the large centers are capable of supplying a vast amount of clinical material, but even if the student were able to see all of it we must remember it is not the number of clinics we see but those we observe, and there is hardly a school in the land with a capable instructor in clinical surgery, that cannot furnish its students more surgical clinics that he can comprehend in the time allotted for his medical course. There is hardly a city in the country that will not furnish a sufficient variety and abundance of clinical material for the complete instruction of one or two hundred students if the instructor be capable and energetic.

It strikes us that there is another factor in the changes going on. The conditions and surroundings met by the country practioner and the student at the hospital are radically different. The routine, methodical practice of the hospital corps, where every possible convenience and appliance is at hand, and where every sanitary precaution has been previously arranged, is a far different thing from the work of the country

doctor who, though he must be ready for every emergency, must improvise himself the means to them. No one can more readily appreciate a thorough practical training than this same country practitioner.

In our hasty censure of the birth of new medical colleges we should stop to consider that it is only a part of the process of advancement. Competition has brought about higher standards and more accurate work, and more accurate work requires smaller classes and longer terms, and consequently the new colleges are not out of place. The number of students or the number of doctors in the country is of minor importance unless it be a fact that the greater the number the higher will be the standard of perfection.

Causes of Death.

A very interesting paper on the Causes of Death of Medical Men was read by Dr. J. L. Kortright before the Queens County Medical Society, and published in the *Brooklyn Medical Journal.* From statistics in the archives of the New York Health Board, and from returns to the Physicians' Mutual Aid Association, the doctor has collected the mortuary statistics of 450 physicians who lived in or near New York and Brooklyn. The average age at death was 54.6 years, while the average at death of Presbyterian clergymen was 69. He also shows that of the medical profession one-tenth die in the first decade after graduation and but one in fifteen live out the four score years. The most interesting point in his statistics is the fact that 35 per cent. die from arterial sclerosis with its resultant lesions of the kidneys and heart. In reference to this we quote the following:

"Arterial sclerosis then is pre-eminently the doctor's disease. According to Osler, it begins by a thickening in the wall of the small arteries due to a formation of a homogeneous hyaline tissue within the muscular coat. This tissue contains but few cells, is faintly striated, and stains a light brown in osmic acid. Fatty degeneration of the muscular fibres occurs. The intima presents a great increase in the sub-endothelial connective tissue, which is particularly marked opposite to the areas of advanced degeneration in the media. This thickening is rather compensatory in character. The only symptoms at first are increased arterial tension, and in consequence of it some hypertrophy of the left ventricle. As the disease progresses its subsequent history depends entirely upon whether the largest areas of sclerosis be in the kidney, in the heart, or in the brain. If the kidney be chiefly involved, the case is recorded as one of the chronic Bright's. If the heart be the seat of the lesion, and especially if the coronary arteries be affected, death comes suddenly with angina pectoris; or with the ordinary symptoms of valvular disease. If the disease lie largely in the arteries and the arterioles of the brain, the termination is by apoplexy, using the word in its symptomatic sense. Delafield, in a personal conversation, has said: 'It is hard to define the causes of arterial sclerosis, for we meet it in so many different kinds of people.' Still it is acknowledged that the disease is a regular concomitant of old age. 'A man is as old as his arteries.' It occurs comparatively early in life in those who lead an exciting and irregular life, whose calling makes great demands upon their nerve force, in those who suffer from intoxication by alcohol, lead, syphilis or gout, in those who are accustomed to distend their arteries by imbibing large quantities of fluids, especially malt liquors, and in those who habitually over-indulge themselves in eating. Probably tho last cause is the one most operable with the medical profession. For Ogle says: 'It becomes difficult to resist the conclusion that the main part of this enormous mortality is due to the neglect by medical men of those wise rules of diet which they lay down for the guidance of their patients.'"

REMEMBER that we will furnish you the JOURNAL for one year and Helbing's Modern Materia Medica for $2.50.

Antitoxin in Treatment of Tetanus.

Dr. Hewett, of London, in *The Practitiner* publishes a paper on this subject, from which we make the following extracts:

"The present state of our knowledge with regard to tetanus is a conspicuous example of the progress of medical science. During the last twelve years a number of investigators have studied the etiology and nature of this disease, and we now possess definite information on these points, with the result that, whereas it was formerly of freqnent occurance, it is now the exception to meet with a case. In spite of its comparative infrequency, however, tetanus still causes a considerable number of deaths annually in this country. The forms of tetanus usually recognized are the traumatic, the idiopathic, the puerperal, and tetanus neonatorum. Of these the puerperal form and neonatorum are extremely grave, almost all the cases ending fatally; and the traumatic, which is the most frequent form, is also serious, the combined statistics giving a mortality of about 90 per cent. The prognosis is grave if the injury be a severe one, if the wound be lacerated or contused, and especially if contaminated with earth; it is better the longer the incubation period. Football injuries are stated to be especially liable to be followed by tetanus. The mortality in the idiopathic is not so high, being about 55 per cent.

"It has now been clearly shown that tetanus is an infective disease due to a specific cause, the tetanus bacillus. This organism occurs in nature in the surface soil, in great abundance in some localities. The bacillus can be isolated and cultivated with comparative ease by our modern methods, and induces typical tetanus in animals on inoculation. Its form is that of a small, straight, motile rod which is unable to grow in the presence of oxygen, and having large terminal spores; and although we must come almost daily in contact with it, many factors have to co-exist before it can develop in a wound, and the disease is therefore rare.

"The clinical manifestations of the disease are due to the absorption into the general circulation of chemical poisons produced locally by the bacillus, the latter not occurring in the blood or internal organs or in the tissues, the disease being at first quite local.

"When cultivated in a suitable manner the tetanus bacillus forms chemical poisons or toxins in the culture medium. By filtration through porous porcelain the organisms can be removed, and the germ-free toxins induce tetanic symptoms on inoculation into animals, and are of an extremely deadly nrture.

"The varied modes of treatment and the innumerable remedies which have from time to time been suggested for tetanus sufficiently indicate the gravity of the affection and the failure of all measures for its relief when fully developed.

"On experimental grounds the modern antitoxin treatment is by far the most promising. and its discovery we owe in the main to Behring, though many workers have helped to elaborate it.

"The method of preparing the tetanus antitoxin is similar to that employed in obtaining the diphtheria antitoxin. In practice it is met with in at least three forms, 1. The blood-serum as such is sometimes used, 2. The dry form, 1 gramme of the dry substance corresponding to 10 c.c. of the fluid serum, 3. The serum may be precipitated with alcohol and the precipitate dried—Tizzoni's antitoxin. This last is perhaps the most concentrated form."

In regard to the value of antitoxin he says:

"Cure has undoubtedly occured in cases of tetanus treated with antitoxin, but whether due to to this remedy or no is a difficult question to decide. I have collected the details of fifty cases treated with antitoxin. Only sixteen deaths occurred, which gives a mortality of 32 per-cent. one of the cases was an iodopathic one, and ended in recovery; another was a case of tetanus neonatorum, and ended fatally. The remaining forty-eight cases were all traumaic, though in two or three instances the incubation persod was abnormally long. The de-

tails of five of these cases are incomplete. Of the remainder (forty-three), twenty-four had an incubation period of eleven days or under, with nine deaths; while nineteen had an incubation of more than eleven days with three deaths. If these figures can be relied on, it wood seem that the antitoxin treatment has considerably lessened the mortality in tetanus; but the tendency is to report successful cases and not unsuccessful ones, which may render my statistics unreliable. As a slight set-off, however, it is to be noted that two fatal cases were practically moribund when the treatment was commenced.

"The antitoxin treatment of tetanus is not likely to be so successful as the corresponding treatment of diphtheria is stated to be, for tetanus only declares itself when the toxins have entered the general circulation, while the diphtheria probably may be diagonized before much of the poison has been absorbee."

Morning Diarrhea.

The American Therapist.

Dr. Francis Delefield says, in the *Medical Record*, that he has "patients who, either continuously or at intervals, have, during the morning hours, one or more loose passages from the bowels composed of fecal matter and of matter;" and that "the disease is seen in New York in a large number of all classes," and he has "not been able to determine any satisfactory reasons for its occurrence." There are five varieties of this "morning diarrhea," all described distinctly. The treatment adopted by Dr. Delafield is as follows:

If the disease occurs in women, before beginning any medical treatment it is important to have cured any lacerations of the perineum or the cervix, displacements of the uterus, or disease of the fallopian tubes which may exist. The methods of treatment ordinarily employed are:

1. *Change of Climate.*—The effects of this are often very satisfactory and in the milder cases very prompt. A person who has a morning diarrhea for months may leave New York in the afternoon and the next morning begin to have formed passages. Unfortunately a return to the city may be followed by a return of the diarrhea. In the more severe cases a prolonged residence in a dry, inland climate may effect a cure.

2. *Diet.*—The plans of diet usually followed are: *a*, an exclusive diet of milk; *b*, an exclusive diet of beef and hot water; *c*, a diet composed of milk and meat alone; *d*, a diet from which only the sugars and starches are excluded.

As regards the effect of treatment by diet we find: that some patients are cured, some are benfitted for a time, in some there is no effect at all, some get worse.

3. In a small number of cases the diarrhea can be cured by daily lavage of the stomach.

4. *Drugs.*—As a rule, the number of the passages can be checked for a moderate length of time by the preparations of opium. The improvement only lasts while the opium is taken, and it is evident that the use of this drug ought not to be continued for any length of time. The subnitrate of bismuth, the subgallate of bismuth and beta-naphthol bismuth are said to give good results. I have not been very fortunate with them. Salol and naphthalin answer well in some cases, but have absolutely no effect in others. Arsenic, quinine, ipecac, belladonna and cannabis are all very useful drugs. The drug which has given me the best results is castor-oil in doses of from five to ten drops.

Treatment of Indigestion.

The American Therapist.

In the management of cases of digestive disorders, in the clinic of Dr. S. Solis-Cohen (*Phila. Polyclinic*), treatment is very often begun by a thorough cleansing of the alimentary canal, either through purgation by calomel or irrigation of the intestines. After this, the patient is placed for a time upon an exclusive milk diet, the following routine being usually carried out: One

dram of pancreatin and three drams of sodium bicarbonate are mixed, divided into twenty-four powders, and dispensed in waxed papers. The patient is instructed to dissolve one powder in one ounce or two ounces of cold water, and to add the solution to six or eight ounces of warm milk. The mixture is to be stirred quickly and then drank slowly during five minutes. The object of adding the pancreatin and alkaline powder is, of course, to digest the milk without calling upon the patient's secretions; but in order to avoid the unpleasant taste peptonized milk, the artificial indigestion is allowed to go on in the patient's stomach. The milk, with the digesting powder, is taken every third hour. In milder cases this plan is continued from two or three days to a week; in severer cases, for longer periods. Acute indigestion needs, as a rule, no other treatment. Chronic cases receive, later, suitable medication.

The Parts that Do not Grow.

New York Medical Record.

In his work on the senile heart Dr. Balfour tells us that there are two parts of the human organism which, if wisely used, "largely escape senile failure." These two are the brain and the heart. Persons who think have often wondered why brain-workers, great statesmen and others, should continue to work with almost unimpaired mental activity and energy up to a period when most of the organs and functions of the body are in a condition of advanced senile decay. There is a physiological reason for this, and Dr. Balfour tells us what it is. The normal brain, he affirms, "remains vigorous to the last," and that "because its nutrition is especially provided for." About middle life or a little later, the general arteries of the body begin to lose their elasticity and to slowly but surely dilate. They become, therefore, much less efficient carriers of the nutrient blood to the capillary areas of the brain. On the contrary, those large vessels "continue to retain their pristine elasticity, so that the blood-pressure remains normally higher than within the capillary area of any other organ in the body. The cerebral blood-paths being thus kept open, the brain tissue is kept better nourished than the other tissues of the body." Who is there among those who have reached or passed middle age that will not be rejoiced to find such admirable physiological warrant for the belief that the brain may continue to work, and even to improve, almost to the very last hour of life?

Lesions of the Stomach.

La Semaine Medicale.

According to Professor Hayem acute parenchymatous gastritis is a process beginning in the glandular elements, and in the pure form is independent of any leucocytic infiltration. The portion of the stomach first affected seems to be the cardiac, and thence the lesion spreads, with the result that the pyloric portion becomes completely changed, losing its distinctive character, and finally being indistinguishable from the cardiac end. He maintains that there are no special cells for the secretion of hydrochloric acid, and in support of this he points out that in the stomach of the new-born child the parietal cells are well developed, although gastric digestion is carried on without any hydrochloric acid being present. Again, he has found no increase of parietal cells in the adult stomach in cases of hypersecretion of this acid, but that in these cases the increase in amount of hydrochloric acid seemed to correspond with the transformation of pyloric into peptic glands, or, in other words, with the disappearance of the alkaline pyloric secretion. The debated question of the presence or absence of hydrochloric acid in cancer of the stomach has, according to the author, lost all interest. The state of digestion, he says, depends in cancer, as in any other gastric condition, on the condition of the gastric mucous membrane. Cancer is developed most frequently in hypopeptic or apeptic cases, and it is in such that free hydrochloric acid is absent,

while histological examination of the stomach shows "atrophic gastritis." On the other hand, a hyperpeptic condition may exceptionally be found in persons suffering from gastric cancer. In such cases one would expect to find a different anatomical condition, and in such a case he quotes Lion as having found well-marked parenchymatous gastritis. Gastric ulcer, on the other hand, is most frequent in hyperpeptic cases, and the dominant lesion is a form of gastritis more or less parenchymatous in nature. The pathogenesis of gastric ulcer, however, is a very much more variable question than that of malignant disease.

The Interests of the Poor Are the Only Interests Worthy of Consideration.

The Times and Register.

Dr. Champneys, in the London *Lancet*, while dwelling on the subject of the registration of midwives, which has been agitated for so long in England, gives the following tribute to the nobility of the medical profession:

As doctors we have a right to exist only so long as we are required. Midwives have precisely the same claims. If they are required they will exist; if they cease to be required they, like us, will cease to exist. Doctors are made for the sick, and not the sick for the doctors. A patient is a person who requires a doctor; a doctor is not, in the same sense, a person who requires patients. A patient is not, primarily, an organism for excreting so many guineas or shillings per annum as an aphis exudes syrup at the titillation of an ant, or a cow secretes milk under the blandishments of a dairy-maid. This is a fact often forgotten. If a poor woman requires a doctor for her confinement she can have one. If she prefers a midwife she can have one—trained, certificated and comparatively safe; or she can have one untrained, uncertificated, ignorant, skeptic, and fatal.

Besides this our profession claims or accepts without protest the title of "noble," which is often bestowed on it. To what does it owe its nobility? Surely to the unselfishness which is one of its best traditions. Our profession glories in postponing its private interests to the good of the public. It has abolished profit making by secret remedies, and has come to look upon it as really (and not in the sense of the General Medical Council) "infamous." Why is it more infamous for a medical discoverer to make money out of his secret knowledge than for a man in business, such as a brewer, to do the same? Simply on account of this claim of "nobility." In what other profession can you parallel the enthusiastic propagation of the great class of remedies which began with Jenner's vaccination, and have been so marvelously extended at the present day; or of the wholesale benefits of preventive medicine? It is to be remembered that every such improvement means, in the first instance at least, loss of income to the whole profession. And yet no medical man has ever been known to protest against measures for the preservation of life and health, "though it were to his own hindrance." I confess that the bacillus of cholera seems to me to stand on the same footing as those of septicemia, and that the profession whose glory it is to endeavor to destroy the one should not regard with levity the chances of the spread of the other. I have said that our profession stands alone in its attitude in this respect. Yet I imagine that other professions, which make no such claim to pre-eminent virtue—as, for example, the legal profession—would stand aghast at a proposition which would be likely to set their fellow countrymen by the ears, even if they saw their own profit in such an event. I think that there is little "nobility" to be seen in the present agitation.

An Inquiry into the Efficacy of the "Gold Cure."

Medical Record.

Rev. Dr. Buckley, the learned editor of the *Christian Advocate*, has made a serious attempt to investigate the therapeutic value of the so-called "gold cure." He sent out letters of inquiry to a large number of phy-

sicians and clergymen. He got answers from 25 of the former and 68 of the latter, or 93 in all. Through these he obtained reports of 534 cases of inebriety treated by the "gold cure," of which number 275 remained cured and 251 relapsed. This gives a proportion of cures of 51½ per cent. It might be said at once that if 50 per cent. are cured, something is accomplished; but the answer is that this same result can be secured by ordinary measures not involving the resort to secret preparations. Of 100 drunkards who deliberately and honestly desire to break up their habits, surely over half will be rescued by measures known to the profession. As two-thirds of Dr. Buckley's correspondents were clergymen, and many of these were believers in the treatment, the percentage of cures obtained by the inquiry is probably too high. Even admitting it to be as high as 50, the validity of the claim that the "gold cure" is a specific, is surely disposed of.

When to Be Taken.

The Atlantic Medical Weekly.

It is often a question for the physican to decide when prescribing a medicine whether it should be taken before or after meals. The following, from the *Medical and Surgical Reporter*, may help us in our decision:

Iodin and iodides should be given on an empty stomach, when they rapidly diffuse into the blood; if given during digestion, the acids and starch alter and weaken the action. Acids, as a rule, should be given between the digestive acts, because the mucous membrane of the stomach is then in a favorable condition for the diffusion of acids into the blood. Acids may be given before food when prescribed to check the excessive formation of the acids of the gastric juice. By giving it before meals you check the osmosis stomach-ward of the acid forming materials. Irritating and dangerous drugs, such as salts of arsenic, copper, zinc and iron, should be given directly after food, except where local conditions require their administration in small doses before food. Oxid and nitrate of silver should be given after the process of digestion is ended; if given during digestion, chemic reactions destroy or impair their special attributes and defeat the object for which they were prescribed. Metallic salts, especially corrosive sublimate and also tannin and pure alcohol, impair the digestive power of the active principles of the gastric juice, so should appear in the stomach during its period of inactivity. Malt extracts, cod-liver oil, phosphates, etc., should be given with or directly after food, so that they may enter the blood with the products of digestion.

The International Congress of Scientists.

Medical Record.

There has been an International Congress of Scientists at Chicago during the past week. We turn with interest to the records of its proceedings, expecting something very scientific from an assembly which is a "Congress," and which is international and scientistic—for that seems to be the legitimate adjective in the case. It is composed, we learn, of several hundred men and women, embracing Mental Healers, Truth-seekers, Christian Scientists, Scientists of the Divine, Mental and Spiritual Orders. These harmonious specialists in spirituality hold as the cardinal principle of belief that "the expression of subjective unity in objective harmony."

The sessions were occupied with essays, solos, poems, and "a congregational benediction of health."

The interesting feature of this and similar meeting is that they are called in the name of science. As a matter of fact there is nothing further removed from orderliness of thought than the religio-mysticism of the International Scientists.

REMEMBER that we will furnish you the JOURNAL for one year and Helbing's Modern Materia Medica for $2.50.

Treatment of Epithelioma of the Face with Lactic Acid.

Dr. I. M. Bloom in Jour. of Cutan. and Gen. Urin. Diseases.

In November, 1894, I was called by Dr. J. W. Drake, of Parkland, to see a patient, aged 65 years, who looked to be 85, the subject of chronic bronchitis, breathing very short, with a very weak and irregular heart, and a possible murmur. For five or six years he has had a small sore situated on the cheek. This sore went through the usual characteristics of a slow-growing epithelioma. Its growth was slow until about three months before I was called to see the case, when it began to develop very rapidly. I observed the case carefully for the purpose of reporting it. At the time I saw the patient the following conditions presented: There was an unusually thickened and indurated ulcer about the center of the cheek. The cavity was about the size of a silver dollar; fully two-thirds of this surface was occuppied by an elevated, indurated, thickened, characteristic wall. The question asked by Dr. Drake was, "What could be done to bring about a cure?" A number of plans suggested themselves. Of course, under ordinary circumstances, direct excision with the knife would first demand attention; second, curetting under cocaine; third, the use of strong caustics—all of which I thought would be dangerous. I was really afraid to use chloroform, and afraid to use cocaine even in small quantity. About that time there occurred to me a paper I had read by the gentleman who introduced iodoform to the public, Von Mosetig Moorhof. Many of you will doubtless remember this paper. He is a very conservative surgeon, and one of the few who never says anything until he is sure of it. His publication, to which I refer, was on the use of lactic acid in cancers, a method which has never been very generally adopted. His paper was followed by a series of others, in which he made the remarkable statement that lactic acid had the power of attacking and destroying cancerous growths and not injuring the healthy tissues. I had used this treatment once, eight years ago, in an epithelioma occurring on the face of a very old lady, without any marked benefit; but it was not properly applied, because, after the second application, I went away and left the case in charge of an assistant who was probably not as thorough as was necessary to insure good results. At any rate, I suggested to Dr. Drake that we put this plan into effect: Dr. Drake was to faithfully carry out the treatment and see the patient once or twice per day, and I was to see him once per week. The treatment consisted of pure lactic acid and silicic acid made into a paste and applied. It was probably about 50 to 60 per cent. strength. The first application was made, and I saw the patient again at the end of the week. He said that he suffered very little pain, much less than what he had been led to expect. We then increased the strength, making the paste more fluid, and applied it, which caused some pain, but at no time was the pain very severe. This paste was applied faithfully once per day. The surface of the sore commenced to granulate, the walls broke down like magic, and it almost seems like exaggeration when I say that the result was a perfectly clean cicatrix. The patient was discharged January 2, 1895, from all further observation, and there is a perfectly clean cicatrix about the size of a penny; it is smooth and somewhat reddish, of course, but the smoothness and non-elevation are characteristics to which I would call your particular attention.

I speak of the case because that method of application, so far as I know, has not been in practice here. Six or seven weeks from the first application the man has got entirely well. The result is absolutely perfect. I hope this will stimulate others to put the method into use, and I believe they will have similar results.

IF you owe anything on your subscription kindly send us a little reminder.

Theobromine as a Diuretic.

See says that theobromine is an infallible remedy in dropsy from cardiac disease. It does not disturb the nervous system and has a specific action on the renal tissue. It is less effective in hepatic and renal dropsy. It may be given in increasing quantities—from 2 grammes to 5 grammes a day.

SALIPYRIN.—From the *Medical Record* cabled report of the Eleventh International Medical Congress (Rome, March 29 to April 5), section on Practical Medicine, we quote: "Dr. Arthur Henning, of Konigsberg, read a paper on this drug, which he believed to be the best antirheumatic and antineuralgic yet known, and also a most excellent antipyretic, especially in pediatric practice. In cases of rheumatism, when given in the early stages, it is most efficacious in relieving the pain and reducing the swelling of the affected parts. In simple colds and acute coryza it exerts a very favorable influence upon the headache and general malaise. Its action in influenza must be regarded as almost speeific. In cases of uterine hemorrhage, not due to the presence of tumors, or occurring in childbirth, salipyrin is much more efficacious than any other known remedy.

The drug is absolutely safe, and gives rise to no unpleasant after-effects. It is best given in the afternoon, in rather large doses, repeated at short intervals. The total daily dose ranges from 7½ grains to 2 drachms, according to the age of the patient and the disease. The remedy has no cumulative effect, nor do those taking it acquire a habit.

M. DE CHATEAUBOURG describes (*Med. Moderne*) a new treatment of whooping cough, which consists in injecting, subcutaneously, 2½ c. c. of a 10 per cent. solution of guaiacol and eucalyptol in sterilized oil. After the third injection the fits of coughing diminish noticeably, the appetite returns, and, as the vomiting rapidly ceases and the general condition begins to feel the good effects of the treatment, the whooping cough disappears at the same time. The author reported five cases.—*Druggists' Circular.*

"Pasteurine as an antiseptic, deodorant, mouthwash and gargle is par excellence. I have it in general use at the City Hospital. It is the most palatable antiseptic I know of. The tablets are splendid."—Heine Marks, M.D., Supt. City Hospital, St. Louis.

ALTERATIVE AND TONIC.—William W. Robertson, M.D., 118 North Liberty St., Baltimore, Maryland, (University of Maryland School of Medicine, 1864), writes: "I would not like to say in how many cases I have prescribed your Succus Alterans, but a great number, and in nearly every case I have been well pleased, as it is an excellent alterative and tonic in syphilitic cases. I do not consider it has an equal—certainly in my hands it has proved all that is claimed for it and I shall continue to use it."

DIABEITN is a chemically pure crystallized fruit sugar, prepared from invert sugar by precipitation as calcium salt and decomposition of the latter with carbonic acid. It is recommended as a carbohydrate sweetening agent for diabetic patients.

THE office of THE KANSAS MEDICAL JOURNAL has been removed from 723 to 631 Kansas avenue.

☞ WE have a few copies of the "Antiseptic Club," which we will send with a year's subscription to the JOURNAL for $2.50.